

**Clinical Commissioning Group
Governing Body
Paper Summary Sheet**

Date of Meeting: 28 March 2017

For: PUBLIC session **PRIVATE Session**
For: Decision **Discussion** **Noting**

Agenda Item and title:	GOV/17/03/11 Constitution amendments for Delegated Commissioning of Primary Care
Author:	Susannah Long, Governance & Risk Manager Victoria Stanley, Commissioning Manager/Locality Lead
Lead Director/GP from CCG:	David Noyes, Director of Planning, Performance and Corporate Services
Executive summary:	<p>Wiltshire CCG has applied for Delegated Commissioning of Primary Care with effect from 1 April 2017. Although the current approved CCG Constitution is worded in such a way as to support delegated commissioning, NHS England have requested some minor changes to reflect the move from joint commissioning to delegated commissioning, which are detailed in red in the attached excerpt document.</p> <p>The current CCG Constitution was prepared by the CCG in October 2015 and approved by NHS England in September 2016. As such the current document has elements which are out of date and a complete review is planned for April/May 2017. These elements will not be addressed as part of the update for Delegated Commissioning of Primary Care and include:</p> <ul style="list-style-type: none"> • Refreshment of appointment and extension of contract process for members of the Governing Body • Updated Scheme of Reservation and Scheme of Delegation • Update to Prime Financial Policies • Change of WWYKD to West Locality Group <p>The Governing Body is asked to approve the interim updates to the CCG Constitution.</p>

Evidence in support of arguments:	NHS England has requested updates to the CCG Constitution. Previous updates have included the addition of the required paragraphs from 'Next steps towards primary care co-commissioning: Annex C' – see sections 6.4.4.8 to sections 6.4.4.10. NHSE has also provided 'Next steps towards primary care co-commissioning: Annex F' which has been followed to produce the required Terms of Reference for the Primary Care Commissioning Committee.
Who has been involved/contributed:	The updates are minimal and have been proposed by the authors listed above.
Cross Reference to Strategic Objectives:	The constitution provides a framework to support all strategic objectives.
Engagement and Involvement:	The GP membership has been balloted on the move to delegation of primary care and is in agreement. The updates to the Constitution support this move.
Communications Issues:	The NHS Constitution will be passed to NHSE for approval then published on the CCG website.
Financial Implications:	There are no direct financial implications of the change to the Constitution.
Review arrangements:	A full review of the CCG Constitution is planned for April/May 2017.
Risk Management:	The Constitution underpins the CCG risk management arrangements.
National Policy/ Legislation:	The Constitution is in line with requirements and follows a prescribed approval process.
Equality & Diversity:	There is no negative E&D impact.
Other External Assessment:	The Constitution will be sent to NHSE for approval.
What specific action do you wish the Governing Body to take?	To approve the amendments to the CCG Constitution to permit the CCG to undertake delegated commissioning of Primary Care with effect from 1 April 2017.

Excerpts from NHS Wiltshire CCG Constitution (Changes denoted in red)

5.2 General Duties

5.2.1 In discharging its functions the CCG will:

5.2.1.3 Act ***effectively, efficiently and economically***¹ by:

- delegating responsibility to the Finance and Performance, Audit and Assurance, ~~and~~ Remuneration committees **and Primary Care Commissioning Committee**;
- demonstrating value for money and adhering to procurement regulations;
- adhering to equality legislation;
- remaining within set revenue and capital resource and cash limits set for the financial year and meeting a control total each year;
- making appropriate commissioning support arrangements (quality assured);
- providing critical challenge via the Audit and Assurance Committee; and
- the Governing Body requesting and receiving pertinent reports.

These arrangements will be reflected in the group's standing orders/scheme of reservation and delegation, respectively at Appendices D and E.

5.2.1.5 Assist and support NHS England in relation to the Board's duty to ***improve the quality of primary medical services***² by:

- delegating responsibility to the Primary Care ~~Joint~~ Commissioning Committee (subject to any matters reserved to the member practices in the scheme of reservation and delegation at Appendix E);
- requiring regular reports to the Governing Body, by the Committee, to include any details of recommendations for actions;
- fostering a culture of openness and dialogue with member practices and NHS England;
- participating in Primary Care commissioning at the level agreed by the Governing Body, member practices and NHS England; and
- being aware of the permitted extent of commissioning of the services provided by local practices.

¹ See section 14Q of the 2006 Act, inserted by section 26 of the 2012 Act

² See section 14S of the 2006 Act, inserted by section 26 of the 2012 Act

6.4.4.6 **Primary Care ~~Joint~~ Commissioning Committee** – a committee of the Governing Body which will carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act except those relating to individual GP performance management, which have been reserved to NHS England (and such CCG functions under sections 3 and 3A of the NHS Act as have been delegated to the joint committee).

The Primary Care ~~Joint~~ Commissioning Committee undertakes the following activities:

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);
- Newly designed enhanced services (Local Enhanced Services and Directed Enhanced Services);
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers; and
- Making decisions on 'discretionary' payment (e.g., returner/retainer schemes).

The following activities will also be carried out:

- To plan, including needs assessment, primary medical care services in Wiltshire CCG;
- To undertake reviews of primary medical care services in Wiltshire;
- To co-ordinate a common approach to the commissioning of primary care services generally;
- To manage the budget for commissioning of primary medical care services in Wiltshire;
- To undertake and deliver a primary medical care strategy for Wiltshire CCG;
- To undertake and deliver an estates strategy across Wiltshire CCG.
- To manage and continuously review the Wiltshire CCG 'Primary Care Offer'.

The terms of reference of the Primary Care ~~Joint~~ Commissioning Committee are attached in Appendix J.

APPENDIX F – Prime Financial Policies Revised (September 2014)

15 COMMISSIONING

POLICY – working in partnership with relevant national and local stakeholders, the CCG will commission certain health services to meet the reasonable requirements of the persons for whom it has responsibility

- 15.2 CCG will ~~work with NHS England to jointly~~ commission primary care services from 1 April 2017. NHS Wiltshire CCG has responsibility for ~~GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract); Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”); Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF); Decision making on whether to establish new GP practices in an area; Approving practice mergers; and Making decisions on ‘discretionary’ payment (e.g., returner/retainer schemes). contractual GP performance management, budget management and the design and implementation of local incentive schemes.~~ These are discharged under ~~joint decision making processes through a Joint Committee of~~ delegated responsibility from NHS England through a Primary Care Commissioning Committee ~~and the CCG. Accountability, and the associated income and expenditure related to primary care, remains with NHS England.~~

APPENDIX J – Committee Terms of Reference

~~Primary Care Joint Commissioning Committee~~

~~Terms of Reference~~

~~Purpose of Joint Committee~~

- ~~1. The role of the Joint Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act except those relating to individual GP performance management, which have been reserved to NHS England (and such CCG functions under sections 3 and 3A of the NHS Act as have been delegated to the joint committee).~~
- ~~2. This includes the following activities:~~
 - ~~• GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);~~
 - ~~• Newly designed enhanced services (Local Enhanced Services and Directed Enhanced Services);~~
 - ~~• Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);~~
 - ~~• Decision making on whether to establish new GP practices in an area;~~
 - ~~• Approving practice mergers; and~~
 - ~~• Making decisions on ‘discretionary’ payment (e.g., returner/retainer schemes).~~
- ~~3. In performing its role the Joint Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and NHS Wiltshire CCG, which will sit alongside the delegation and terms of reference.~~

~~Geographical Coverage~~

- ~~4. The Joint Committee will comprise NHS England Local Team, and NHS Wiltshire CCG. It will undertake the function of jointly commissioning primary medical services for Wiltshire CCG.~~

Membership

5. ~~The Joint Committee shall consist of:~~

~~Lay Member, Wiltshire CCG (Chair)~~

~~Secondary Care Doctor, Wiltshire CCG (Vice Chair)~~

~~Director of Commissioning, NHS England~~

~~Group Director for WWYKD and PC Programme (as delegated by AO)~~

~~Deputy Chief Financial Officer, Wiltshire CCG~~

~~Head of Primary Care Finance, NHS England~~

~~Head of Primary Care, NHS England~~

~~GP Chair, Sarum, Wiltshire CCG~~

~~GP Chair, WWYKD, Wiltshire CCG~~

~~GP Vice Chair, NEW, Wiltshire CCG~~

~~Assistant Director of Nursing, NHS England~~

~~Medical Director for Wessex LMC (Non-voting)~~

~~Wiltshire Council – see point 13 (Non-voting)~~

~~HealthWatch Council – see point 13 (Non-voting)~~

6. ~~The Chair of the Joint Committee shall be Christine Reid, Lay Member, Wiltshire CCG~~

7. ~~The Vice Chair role shall be Dr Mark Smithies, Secondary Care Doctor, Wiltshire CCG~~

8. ~~An invitation has been made to non-voting attendees i.e. both Healthwatch and Wiltshire Council and following the outcome of the ballot, these names will be confirmed and the Terms of Reference will be updated to reflect these.~~

Meetings and Voting

9. ~~The Joint Committee shall adopt the Standing Orders of Wiltshire CCG insofar as they relate to the:~~

- ~~a) Notice of meetings~~
- ~~b) Handling of meetings~~
- ~~c) Agendas~~
- ~~d) Circulation of papers~~
- ~~e) Conflicts of interest~~

10. ~~Wiltshire CCG and NHS England shall have two votes per organisation. The Joint Committee shall reach decisions by a simple majority. However where a casting vote is required NHS England will have the casting vote for any functions within NHS England's statutory obligations and Wiltshire CCG will have the casting vote on any of the CCG's statutory functions that are included within the scope of the joint committee's responsibilities.~~

- ~~11. The quorum necessary for the transaction of the business shall be four made up of two representatives from each Wiltshire CCG and NHS England (NHSE). A duly convened meeting of the Programme Board at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested exercisable by the Programme Boards.~~
- ~~12. The Joint Committee shall meet quarterly and at such other times as required. Agendas and papers will be available to each member of the Programme Board in advance and preferably at least 2 working days.~~
- ~~13. Meetings of the Joint Committee:
 - ~~a. Shall, subject to the application of 13(b), be held in public.~~
 - ~~b. The Joint Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.~~~~
- ~~14. Members of the Joint Committee have a collective responsibility for the operation of the Joint Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.~~
- ~~15. The Joint Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.~~
- ~~16. Members of the Joint Committee shall respect confidentiality requirements as set out in the Standing Orders referred to above unless separate confidentiality requirements are set out for the joint committee in which event these shall be observed.~~
- ~~17. Secretariat provisions will be confirmed following the outcome of the ballot, these names will be confirmed and the Terms of Reference will be updated to reflect these.~~
- ~~18. The secretariat to the Joint Committee will:
 - ~~a) Circulate the minutes and action notes of the committee with 3 working days of the meeting to all members.~~
 - ~~b) Present the minutes and action notes to the Local Team of NHS England and the Governing Body of NHS Wiltshire CCG.~~~~
- ~~19. These Terms of Reference will be reviewed from time to time, reflecting experience of the Joint Committee in fulfilling its functions and the wider~~

~~experience of NHS England and CCGs in primary medical services co-commissioning.~~

Decisions

- ~~20. The Joint Committee will make decisions within the bounds of its remit.~~
- ~~21. The decisions of the Joint Committee shall be binding on NHS England and Wiltshire CCG.~~
- ~~22. Decisions will be published by both NHS England and Wiltshire CCG.~~
- ~~23. The secretariat will produce a report which will be submitted to NHS England and the Governing Body of Wiltshire CCG quarterly, and hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.~~

Key Responsibilities

- ~~24. Key responsibilities will be reviewed each year and set out in the form of a work programme. For 2015/16 the strategic / development work programme that the Joint Committee is responsible for includes Premises, Workforce, PMS Reviews, Primary Care Information, Enhanced Services and Operational Resilience.~~

~~The Joint Committee is also responsible for ensuring completion of and compliance with the operational / transactional elements of Primary Care commissioning details of which are set out in the Joint Commissioning Operational Group Work Programme, together with individual organisation roles and responsibilities.~~

Review of Terms of Reference

- ~~25. These terms of reference will be formally reviewed by NHS Wiltshire CCG and the Local Team of NHS England in April of each year, following the year in which the Joint Committee is created, and may be amended by mutual agreement between NHS Wiltshire CCG and the Local Team of NHS England at any time to reflect changes in circumstances which may arise.~~

Schedule 1 – Delegation by CCG to Joint Committee – CCG functions

- ~~26. As permitted by section 14Z9 of the NHS Act 2006 (as amended) NHS Wiltshire CCG will delegate the following statutory functions to the joint committee:~~

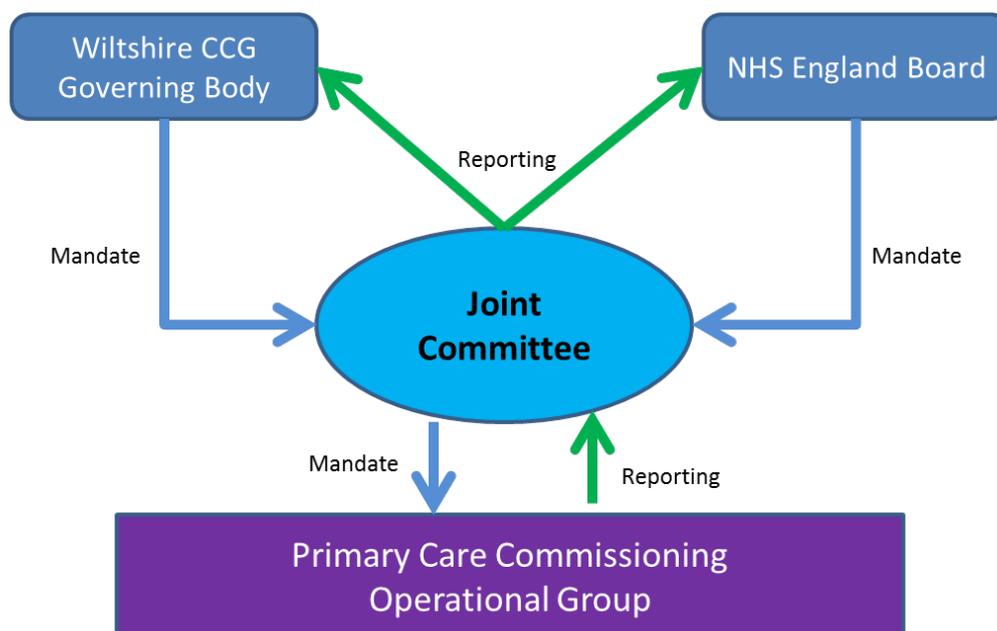
- Management of Locally Commissioned Services (formally known as LESs)
- Management of any PMS Premium funds released through the PMS review

Schedule 2 – List of Members

~~Lay Member, Wiltshire CCG (Chair)~~
~~Secondary Care Doctor, Wiltshire CCG (Vice Chair)~~
~~Director of Commissioning, NHS England~~
~~Group Director for WWYKD and PC Programme (as delegated by AO)~~
~~Deputy Chief Financial Officer, Wiltshire CCG~~
~~Head of Primary Care Finance, NHS England~~
~~Head of Primary Care, NHS England~~
~~GP Chair, Sarum, Wiltshire CCG~~
~~GP Chair, WWYKD, Wiltshire CCG~~
~~GP Vice Chair, NEW, Wiltshire CCG~~
~~Assistant Director of Nursing, NHS England~~
~~Medical Director for Wessex LMC (Non-voting)~~
~~Wiltshire Council – see point 13 (Non-voting)~~
~~HealthWatch Council – see point 13 (Non-voting)~~

Sub-Groups

27. To ensure that the operational issues are appropriately managed a Primary Care Commissioning Operational Group will be established. The Joint Committee will be responsible for defining the Terms of Reference and governance arrangements including scope of work, mandate and reporting requirements for the Operational Group.



Wiltshire CCG Primary Care Commissioning Committee

Terms of Reference

Introduction

1. NHS England (NHSE) has delegated authority to the Wiltshire Clinical Commissioning Group (CCG) for the commissioning of primary care in accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended). NHS England has delegated the exercise of the functions specified in Schedule 2 to these Terms of Reference to Wiltshire CCG. The delegation is set out in Schedule 1.
2. The CCG has established the Wiltshire CCG Primary Care Commissioning Committee (“Committee”) as a Committee of the Wiltshire CCG Governing Body. The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.
3. It is a committee comprising representatives of the following organisations:
 - Lay Chair
 - Lay member
 - Wiltshire CCG
 - Healthwatch
 - Wessex Local Medical Committee (LMC)
 - NHS England
 - Health and Wellbeing/Wiltshire Council

Statutory Framework

4. NHS England has delegated to the CCG authority to exercise the primary care commissioning functions set out in Schedule 2 in accordance with section 13Z of the NHS Act.
5. Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between the Board and the CCG.
6. Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:
 - a) Management of conflicts of interest (section 14O);
 - b) Duty to promote the NHS Constitution (section 14P);
 - c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);
 - d) Duty as to improvement in quality of services (section 14R);
 - e) Duty in relation to quality of primary medical services (section 14S);
 - f) Duties as to reducing inequalities (section 14T);
 - g) Duty to promote the involvement of each patient (section 14U);
 - h) Duty as to patient choice (section 14V);

- i) Duty as to promoting integration (section 14Z1);
 - j) Public involvement and consultation (section 14Z2).
7. Wiltshire CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those in accordance with the relevant provisions of section 13 of the NHS Act
 - To assist and support NHSE in discharging its duty under Section 13E of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) so far as relating to securing continuous improvement in the quality of primary medical services
 8. The Committee is established as a committee of the Wiltshire CCG Governing Body in accordance with Schedule 1A of the “NHS Act”.
 9. The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

Role of the Committee

10. The Committee has been established in accordance with the above statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary care services in Wiltshire CCG, under delegated authority from NHS England.
11. In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and Wiltshire CCG, which will sit alongside the delegation and terms of reference.
12. The functions of the Committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.
13. The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.
14. This includes the following:
 - GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);
 - Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);
 - Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
 - Decision making on whether to establish new GP practices in an area;
 - Approving practice mergers; and
 - Making decisions on ‘discretionary’ payment (e.g., returner/retainer schemes).
15. Wiltshire CCG will also carry out the following activities:
 - a) To plan, including needs assessment, primary medical care services in Wiltshire CCG;
 - b) To undertake reviews of primary medical care services in Wiltshire;
 - c) To co-ordinate a common approach to the commissioning of primary care services generally;
 - d) To manage the budget for commissioning of primary medical care services in Wiltshire.
 - e) To undertake and deliver a primary medical care strategy for Wiltshire CCG

- f) To undertake and deliver an estates strategy across Wiltshire CCG
- g) To manage and continuously review the Wiltshire CCG 'Primary Care Offer'

Geographical Coverage

16. The Committee will comprise of Wiltshire CCG. It will undertake the function of commissioning primary medical services for Wiltshire CCG

Membership

17. The Committee shall consist of the following list of members as included within Schedule 3

- The Chair of the Committee shall be Lay member, Wiltshire CCG
- The Vice Chair of the Committee shall be Lay member, Wiltshire CCG
- Accountable Officer, Wiltshire CCG
- Chief Finance Officer, Wiltshire CCG
- Director of Primary and Urgent Care, Wiltshire CCG
- Director of Quality, Wiltshire CCG
- Governing Body GP, Wiltshire CCG
- Governing Body GP, Wiltshire CCG
- Governing Body GP, Wiltshire CCG³

Other non-voting attendees:

- Standing invitation Healthwatch representative
- Standing invitation Health and Wellbeing representative
- Local Medical Committee representative
- Director of Commissioning, NHS England South Central

The Committee may invite any person to attend meetings to provide advice and/or expertise as required.

Meetings and Voting

18. The Committee will operate in accordance with the CCG's Standing Orders. The Secretary to the Committee will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than five days before the date of the meeting. When the Chair of the Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he shall specify.

19. Each member of the Committee shall have one vote. The Committee shall reach decisions by a simple majority of members present, but with the Chair having a second

³ GP's hold voting rights on the committee unless in the instance of decisions on procurement issues and the deliberations leading up to the decision and, where the potential provider for services is a GP. Wiltshire CCG, 'Standards of Business Conduct Policy, 2016; NHS England, 'Managing Conflicts of Interest: Revised Statutory Guidance for CCG's', 2016

and deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.

Quorum

20. Four members of the Committee must be present for the quorum to be established including:

- at least one lay member; and
- at least three CCG members including the Accountable Officer or the Chief Finance Officer (or their nominated representatives)
- at least one Governing Body GP

Frequency of meetings

21. Meetings will take place on a monthly basis for the first 6 meetings followed by bi-monthly/quarterly thereafter

22. Meetings of the Committee shall:

- a) be held in public, subject to the application of 23(b);
- b) the Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

23. Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

24. The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest..

25. The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

26. Members of the Committee shall respect confidentiality requirements as set out in the CCG's Constitution.

27. The Committee will present its minutes to South Central Area Team of NHS England and the governing body of Wiltshire CCG each quarter for information, including the minutes of any sub-committees to which responsibilities are delegated under paragraph 24 above.
28. The CCG will also comply with any reporting requirements set out in its constitution.
29. The Terms of Reference will be reviewed at least annually with final approval being sought from Wiltshire CCG. Amendments will be made, where appropriate, to reflect any updated national model terms of reference and local need.

Accountability of the Committee

30. The Committee to have delegated authority from Wiltshire CCG Governing Body:
 - To carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act
 - To assist and support NHS England in discharging its duty under section 13E of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) so far as relating to securing continuous improvement in the quality of primary medical services.
 - To work with NHS England to agree rules for areas such as the collection of data for national data sets, equivalent of what is collected under QOF, and IT intra-operability.
 - To comply with public procurement regulations and with statutory guidance on conflicts of interest
 - To consult with Local Medical Committee and demonstrate improved outcomes reduced inequalities and value for money when developing a local QOF scheme or DES.
 - To approve the arrangements for discharging the group's statutory duties associated with its GP practice commissioning functions, including but not limited to promoting the involvement of each patient, patient choice, reducing inequalities, improvement in the quality of services, obtaining appropriate advice and public engagement and consultation.

Procurement of Agreed Services

The below is taken from the Next Steps in primary care co-commissioning document for further guidance on this please see link below.

<https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2014/11/nxt-steps-pc-cocomms.pdf>

31. The committee must comply with public procurement regulations and with statutory guidance on conflicts of interest. The committee may vary or renew existing contracts for primary care provision or award new ones, depending on local circumstances. If the committee fails to secure an adequate supply of high quality primary medical care, NHS England may direct the CCG to act.
32. If the Committee are found to have breached public procurement regulations and/or statutory guidance on conflicts of interest, NHS Improvement may direct the CCG or NHSE to act. NHS England may, ultimately, revoke the CCG's delegation. Any proposed new incentive schemes should be subject to consultation with the Local Medical Committee and be able to demonstrate improved outcomes, reduced inequalities and value for money.

Consistent with the NHS Five Year Forward View and working with CCGs, NHS

England reserves the right to establish new national approaches and rules on expanding primary care provision – for example to tackle health inequalities.

Decisions

33. The Committee will make decisions within the bounds of its remit.
34. The decisions of the Committee shall be binding on NHS England and Wiltshire CCG.
35. The Committee will produce an executive summary report which will be presented to South Central Area Team of NHS England and the governing body of Wiltshire CCG each month [could be longer period] for information.

[Signature provisions]

Schedule 1 – Delegation (to be confirmed with the final arrangements)

Schedule 2 - List of Members (to be confirmed)

- The Chair of the Committee shall be Lay member, Wiltshire CCG
- The Vice Chair of the Committee shall be Lay member, Wiltshire CCG
- Accountable Officer, Wiltshire CCG
- Chief Finance Officer, Wiltshire CCG
- Director of Primary and Urgent Care, Wiltshire CCG
- Director of Quality, Wiltshire CCG
- Governing Body GP, Wiltshire CCG
- Governing Body GP, Wiltshire CCG
- Governing Body GP, Wiltshire CCG

Other non-voting attendees:

- Standing invitation Healthwatch representative
- Standing invitation Health and Wellbeing representative
- Local Medical Committee representative
- Director of Commissioning, NHS England South Central